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20086 7590 02/25/2005

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**INTELLECTUAL PROPERTY DEPARTMENT**  
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**DENVER, CO 80202-5647**  
Customer No. 26158  
Womble Carlyle Sandridge & Rice, PLLC  
P.O. Box 7037, Atlanta, GA 30357-0037

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Cheryl West	(Depositor's name)
Cheryl West	(Signature)
April 27, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,925	07/17/2003	Todd R. Ruhbusch	33271/US	2775

TITLE OF INVENTION: RECLOSABLE CONTAINER WITH AUTOMATIC CLOSURE SYSTEM

05/02/2005 MBELETE2 00000042 090528 10622925

01 FC:1501	1400.00 DA	02 FC:1504	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
03 FC:8001	30.00 DA	nonprovisional		NO	\$1400	\$300	\$1700	05/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELKINS, GARY E	3727	229-225000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Womble Carlyle  
1 \_\_\_\_\_ Sandridge & Rice, PLLC  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Graphic Packaging International, Inc. Marietta, GA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0528 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above).

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Keats A. Quinalty

Date 4/27/05

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Registration No. 46,426

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